GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF CAMPAIGN FINANCE WASHINGTON, D.C. 20009

REPORT OF RECEIPTS AND EXPENDITURES FOR

INITIATIVE

SUMMARY PAGE

Full Name of Committee (Name of Candidate, if Candidate is reporting) Drug Policy Action. D.C. Committee to Support Cannabis Reform	2. OCF Identification Number INTOOO140005			
Address (Number and Street) 925 15th Street, NW. 2nd Floor	3. Is this report an Amendment? (Yes	3. Is this report an Amendment? (Yes or No) No		
City, State and Zip Code Washington DC 20005	•			
4. TYPE OF REPORT: Fourth Report This REPORT contains activity for: General				
SUMMARY 5. Covering Period 09/06/2014 through 10/22/2014	COLUMN A THIS PERIOD	COLUMN B		
6. (a) Cash on Hand (January 31st Year End Report Only)		\$0.00		
(b) Cash on Hand at Beginning of Reporting Period	\$52,282.62			
(c) Total Receipts [from Line (16)]	\$0.00	\$55,000.00		
(d) Subtotal [add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column (B)]	\$52,282.62			
7. Total Expenditures (from Line 22)	\$47,884.86	\$50,602.24		
Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$4,397.76			
Debts and Obligations Owed BY the Committee or the Candidate (itemize all on Schedule D)	\$0.00	\$0.00		
10. (a) Loans Owed BY the Committee or the Candidate (itemize all on Schedule E)	\$0.00	\$0.00		
(b) Loans Owed TO the Committee or the Candidate (itemize all on Schedule E-1)	\$0.00	\$0.00		
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		er information, contact:		
Ryan Chavez		Campaign Finance Reeves Municipal Building		
Type or Print Name of Treasurer (Name of Candidate, if Candidate is reporting)		Street, NW, Suite 433 on, D.C. 20009		
ELECTRONICALLY CERTIFIED	10/23/2014 (202) 671-	-0547		
Signature of Treasurer (Name of Candidate, if Candidate is reporting)	Date			
NOTE: Submission of late, false, erroneous, or incomplete information may subject the perso Official Code §§1-1103.05 and 1-1107.01 (2001 Edition).	n signing this report to the penalties of D.C.			
All previous versions of OCF FORM 16 should no longer be used.		OCF FORM 16 Rev. 09/2005		

DETAILED SUMMARY PAGE OF RECEIPTS AND EXPENDITURES

OCF Form 16, Page 2

OCF FORM 10, Fage			
1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Drug Policy Action. D.C. Committee to Support Cannabis Reform	REPORT COVERING THE PERI FROM: 9/6/14	TOD TO: 10/22/14	
I. RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATI	E
11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:	\$0.00	\$55,000.00	11/ >
(a) Individuals/Organizations Other Than Political Committees (Schedule A)		-	11(a)
(b) Political Party Committees (Schedule A-1)	\$0.00	\$0.00	11(b)
(c) Pol. Comms. Other than Pol. Comms. Authorized by the same Can. (Sch A-2)	\$0.00	\$0.00	11(c)
(d) The Candidate (Schedule A-3)	\$0.00	\$0.00	11(d)
(e)Transfers From Authorized Comms. of the Can. identified in this Report (Sch A-4)	\$0.00	\$0.00	11(e)
(f) Total Contributions - Other Than Loans [add lines 11(a), (b), (c), (d), and (e)]	\$0.00	\$55,000.00	11(f)
12. SALES AND COLLECTIONS (Schedule C)	\$0.00	\$0.00	12
13. LOANS			
(a) Loans owed BY The Candidate/PCC or the Committee (Schedule E)	\$0.00	\$0.00	13(a)
(b) Loans owed TO The Candidate/PCC or the Committee(Schedule E-1)	\$0.00	\$0.00	13(b)
(c) Total Loans [add Lines 13(a), and 13(b)]	\$0.00	\$0.00	13(c)
14. OTHER RECEIPTS (Dividends, Interest, etc.) (Schedule A-5)	\$0.00	\$0.00	14
15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)	\$0.00	\$0.00	15
16. TOTAL RECEIPTS [add Lines 11(f), 12, 13(c), and 14 and 15]	\$0.00	\$55,000.00	16
II. EXPENDITURES		1	
17. OPERATING EXPENDITURES (Schedule B)	\$37,884.86	\$40,602.24	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)	\$10,000.00	\$10,000.00	18
19. LOAN REPAYMENTS: (a) Of Loans owed BY The Candidate/PCC or the Committee (Schedule E)		go oo	10()
(b) Of Loans owed TO The Candidate/PCC or the Committee (Schedule E-1)	\$0.00	\$0.00	19(a)
(c) Total Loan Repayments [add Lines 19(a) and 19(b)]	\$0.00 \$0.00	\$0.00 \$0.00	19(b)
	\$0.00	90.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:	\$0.00	\$0.00	20(a)
(a) Individuals/Organizations Other Than Political Committees (Schedule B-2) (b) Political Party Committees (Schedule B-3)	\$0.00	\$0.00	20(b)
(c) Other Political Committees (Schedule B-4)	\$0.00	\$0.00	20(c)
(d) Total Contribution Refunds [add Lines 20(a), (b), and (c)]	\$0.00	\$0.00	20(d)
	30.00	\$0.00	20(u)
21. OTHER EXPENDITURES (a) Independent Evenerality and (Schodule D. 5)	\$0.00	\$0.00	21(a)
(a) Independent Expenditures (Schedule B-5) (b) Offsets to Receipts (Schedule B-6)	\$0.00	\$0.00	21(b)
(c) Total Other Expenditrures [add Lines 21(a), and 21(b)]	\$0.00	\$0.00	21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$47,884.86	\$50,602.24	22
III. CASH SUMMARY			
		esa 292 (2	
M. CACH ON HAND AT DECIDING OF PEROPETRIC BETTER		332.282.02	
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$52,282.62	_
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD 24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$0.00	_
		\$0.00 \$52,282.62	— —
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$0.00	_ _ _

OCF FORM 16 SCHEDULE A Page 1 of 1

Any information copied from such Reports or Statemen	ts may not be sald or used by any norsen for th	o nurnoso of solicitiv	ag.	
contributions, or for commercial purposes.	is may not be sold or used by any person for the	ie purpose of solicitif	g	
Full Name of Committee (Name of Candidate, if Candidate is reporting)				
Drug Policy Action. D.C. Committee to Support Cannal				
Full Name, Mailing Address and Zip Code	Name and Address of Employer	Date	Amount of Each Contribution This Period	
Contributor Type	Occupation			
Receipt For	Contribution Type	Aggregate Y	ear-To-date	
	1			
TOTAL This Period (Aggregate of all receipts pages)				
TOTAL THIS FERIOU (Aggregate of all receipts pages)			I	

OCF FORM 16 SCHEDULE B Page 1 of 2 for Line Number 17

ITEMIZED OPERATING EXPENDITURES

Any information copied from such Reports or Stateme	ents may not be sold or used by any person	for the purpose of sol	liciting contributions,
or for commercial purposes.			
Full Name of Committee (Name of Candidate, if Candidate, Drug Policy Action. D.C. Committee to Support Canna	·		
1. Full Name, Mailing Address and Zip Code	Name and Address of Employer	Date	Amount of Each
Fairbank, Maslin, Maulin, Metz and Associates			Expenditure This Period
1999 Harrison Street, Suite 1290 Oakland CA 94612		10/14/2014	\$19,000.00
Purpose of Expenditure	Occupation		-
Polling/Mailing List			
Expenditure For:	Expenditure Description (if necessary)		7
General Election			
2. Full Name, Mailing Address and Zip Code	Name and Address of Employer	Date	Amount of Each
Misson Control			Expenditure This Period
114A Mansfield Hollow Rd. Mansfield Center CT 06250		10/15/2014	\$17,809.36
Purpose of Expenditure Printing	Occupation	•	
Expenditure For:	Expenditure Description (if necessary)		
General Election	Printing, Postage and Photos		
3. Full Name, Mailing Address and Zip Code	Name and Address of Employer	Date	Amount of Each
Misson Control			Expenditure This Period
114A Mansfield Hollow Rd. Mansfield Center CT 06250		10/15/2014	\$1,057.50
Purpose of Expenditure Consultant	Occupation	1	
Expenditure For:	Expenditure Description (if necessary)		
General Election	Creative fee for designing ads		
4. Full Name, Mailing Address and Zip Code Citibank	Name and Address of Employer	Date	Amount of Each Expenditure This Period
1000 Vermont Avenue		10/01/2014	\$18.00
Washington DC 20005			_
Purpose of Expenditure Bank Fees	Occupation		
Expenditure For:	Expenditure Description (if necessary)		
General Election			
TOTAL This Period (Aggregate of all expenditure pa	ages)		\$37,884.86

TRANSFERS TO OTHER AUTHORIZED COMMITTEES

Any information copied from such Reports or Statements or for commercial purposes.	may not be sold or used by any person fo	or the purpose of soli	citing contributions,
Full Name of Committee (Name of Candidate, if Candidate in Drug Policy Action. D.C. Committee to Support Cannabis			
 Full Name, Mailing Address and Zip Code Cannabis Campaign, Yes on 71 	Name and Address of Employer	Date	Amount of Each Expenditure This Period
2448 Massachusetts Ave., N.W. Washington DC 20008		10/09/2014	\$10,000.00
Purpose of Expenditure Transfer	Occupation		
Expenditure For: General Election	Expenditure Description (if necessary)		
TOTAL This Period (Aggregate of all expenditure pages	s)		\$10,000.00

SCHEDULE C ITEMIZED RECEIPTS - SALES AND COLLECTIONS

OCF FORM 16 Page 1 of 1 for Line Number 12

Full Name of Committee (Name of Candidate, if Candidate is reporting) Drug Policy Action. D.C. Committee to Support Cannabis Reform 10/22/2014 09/06/2014 TOTAL SUM OF PROCEEDS DURING THE REPORTING PERIOD FROM: TO 1. Sale of Tickets (list by event below)* 2. Mass Collections (list by event below) 4. Total cash/check contributions of \$49.00 or less from individuals TOTAL (carry forward to Line 12 of Detailed Summary Page) LIST OF SALES AND COLLECTIONS BY EVENT Date of Event Type of Event Amount From Sale of Amount From Mass (Month, Day, Year) Tickets This Period Collections This Period TOTAL THIS PERIOD (Aggregate the subtotal of all Sales and Collections Page

^{*} After completion of the above list by event, use the appropriate sub-schedule of Schedule A to list the date, full name and mailing address (occupation and principal place of business, if any) of each person who has purchased one or more tickets for events such as dinners, luncheons, rallies, and similar fund-raising events during this reporting period, and whose ticket purchases are in excess of \$49, or whose total ticket purchases to date for the calendar year (aggregate) are in excess of \$49. Attach the appropriate sub-schedule A to this Schedule, and identify it as Part 2 of Schedule C.

SCHEDULE D

DEBTS AND OBLIGATIONS

Excluding Loans

Page 1 of 1 OCF FORM 16

Full Name of Committee (Name of Candidate, if Candidate is reporting) Drug Policy Action. D.C. Committee to	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This	Outstanding Balance at Close of This Period
Support Cannabis Reform				
Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose)				
TOTAL This Period (Aggregate the subtotal of all Debts and	nd Obligations Schedules and			
carry forward to line 9 of the Summary Page)				

SCHEDULE E

LOANS OWED BY THE COMMITTEE OR THE CANDIDATE

FORM 16 Page 1 of 1 for Line Number 19b

Full Name of Committee (Name of Candidate, if Candidate is reporting)					
Drug Policy Action. D.C. Committee to Support Cannabis Reform					
A. Full Name, Mailing Address and Zip Code of Loan Source Election:		Original Amount of Loan	Payment this Period	Cumulative Payment to Date	Balance Outstanding at Close of This Period
Terms: Date Incurred	Date Due:		Interest Rate:	% (apr)	Secured
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code	Name of Emplo	oyer			
	Occupation				
	Guaranteed An	nount Outstanding			
	1				
SUBTOTAL this period this page					
TOTALS this period (Aggregate the Subtotals from all Loan Schedules)					
Carry outstanding Loan Balance forward to Line 10(a) on Summary Page.					